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DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION (37 CFR 1.63)

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Attorney Docket Number	2074
First Named Inventor	Lawrence J. Putz
COMP	LETE IF KNOWN
Application Number	10/565,095
Filing Date	July 14, 2004
Art Unit	
Examiner Name	

			-			
I hereby declare that:						
Each inventor's residence, mai	iling address, a	nd citizenship are as state	d below next to their nam	е.		
I believe the inventor(s) named which a patent is sought on the			r(s) of the subject matter	which is claimed and for		
FORMULA AND METHOD FOR THE DELIVERY OF ORAL MEDICATIONS TO ANIMALS						
		(Title of the Invention	anl .			
the specification of which		(Title Of the invention	,,,,			
is attached hereto						
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was filed on (MM/DD/Y	_{YYY)} 07/	14/2004 as t	United States Application	Number or PCT International		
]		
Application NumberPCT/US	04/02285	1and was amended on (Mi	M/DD/YYYY)	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
amended by any amendment s	specifically refe	ried to above.		•		
I acknowledge the duty to dis	sclose informat	tion which is material to p	patentability as defined in	n 37 CFR 1.56, including for		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application						
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I hereby claim foreign priority	benefits unde	r 35 U.S.C. 119(a)-(d) or	(f), or 365(b) of any fore	eign application(s) for patent,		
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign						
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before that of the application on which priority is claimed.						
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Copy Attached?		
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO		
Additional foreign and	lication numbe	ere are listed on a supplem	ental priority data sheet F	PTO/SB/02B attached hereto		

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A position has been filed for this unsigned inventor.							
Given Name (first and middle [if		_L_ A pe	etition has been filed Family I	tor this unsign Name or Surna			
	rence J.		1	Putz			
Inventor's Signatura	u d Por	5	L		Date 0/-01-2006		
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Additional inventors or a legal re	presentative are being na	amed on the	supplemental sheet	s) PTO/SB/02A or	02LR attached hereto.		

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Application Number	10/565,095				
Filing Date	July 14, 2004				
First Named Inventor	Lawrence J. Putz				
Title					
Art Unit					
Examiner Name					
Attorney Docket Number	2074				

I hereby revoke a	I previo	us powers of at	torney gi	iven in the a	bove-ide	ntified applic	ation.		
I hereby appoint:						-			
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Applicant/Inv	entor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	Ţ,	Laur	0.1	The D			Date	01/21/2006	
Name	Lawre	nce J. Putz	7	0			Telephone	2 .7	
Title and Company									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
*Total of 1		forms are submitted	d.						

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